



RETURN TO

City of Hartsville
Environmental Services
500 Poole Street
PO Box 2497
Hartsville, SC 29551
Fax 339-2880

APPLICATION FOR SPECIAL COLLECTION SERVICES

To be filled out by your doctor

Name: _____ Date: ____ / ____ / ____

Phone: _____

Street address: _____

Please state reason for request

Please specify request (Ex. Collect roll cart from side or rear of house)

Homeowner's signature: _____ Date: ____ / ____ / ____

Medical Doctor's name: _____

Business address: _____

Phone: _____

Doctor's signature: _____ Date: ____ / ____ / ____